



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 05432/100M919-US3											
In re Application of Connie Sanchez et al.													
Application Number 10/644,588-Conf. #5265		Filed August 20, 2003											
For THE USE OF ENANTIOMERIC PURE ESCITALOPRAM													
Art Unit N/A		Examiner Not Yet Assigned											
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width:100%"><tr><td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td style="text-align:right">\$ _____</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td style="text-align:right">\$ _____</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td style="text-align:right">\$ _____</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td style="text-align:right">\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td style="text-align:right">\$ 2,010.00</td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____ .</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-0100 .</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input type="checkbox"/> attorney or agent of record. Registration Number _____ <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) 41,151</p> <div style="display:flex; justify-content:space-between;"><div><p>_____ Date June 7, 2004</p><p>_____ Telephone Number (212) 527-7765</p></div><div><p>_____ Signature </p><p>_____ Typed or printed name Jay P. Lessler</p></div></div> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below</p> <div><input type="checkbox"/> Total of 1 forms are submitted.</div>				<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____	<input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ 2,010.00
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____												
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____												
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ _____												
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____												
<input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ 2,010.00												

06/10/2004 SZEWDIE1 00000052 10644588

01 FC:1255

2010.00 DP

Express Mail Label No. _____	Dated: _____
------------------------------	--------------